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APPLICANTS

Rainer Hahn, Tuebingen, GERMANY;
 Ulrich Prager, Abstatt, GERMANY;

**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/00662 01/23/2003

**** FOREIGN APPLICATIONS *******

GERMANY 102 02 378.6 01/23/2002

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/>	/HEIDI MARIE EIDEL/ Examiner's Signature	<input type="checkbox"/> Initials	GERMANY	3	15	1

ADDRESS

FACTOR & LAKE, LTD
 1327 W. WASHINGTON BLVD.
 SUITE 5G/H
 CHICAGO, IL 60607
 UNITED STATES

TITLE

Dental therapeutic device

FILING FEE RECEIVED 525	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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